**(PLEASE SUBMIT THIS FORMAT ON YOUR LETTERHEAD)**

**FOR PLACEMENT OF FUNDS WITH GSFS**

**Date:\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Name of Entity:**  **Address:**  **E-mail:** | **Name of HOD:**  **Mobile No.:**  **E-mail:** |

**Name of Parent Department (Govt. of Gujarat) of Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Deposit to be created in Name of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Details of Funds Transferred to GSFS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(√)** | **Mode of Transfer** | **Bank Name** | **Cheque/DD/UTR No.** | **Date** | **Amount Transferred** |
|  | RTGS/NEFT |  |  |  |  |
|  | Cheque |  |  |  |  |
|  | Demand Draft/Bank Transfer |  |  |  |  |

**Please mention the Type of Funds placed with GSFS**

|  |  |
| --- | --- |
| **(√)** | **Category of Fund** |
|  | GoG Funds – Grants/Contribution received from Government of Gujarat |
|  | GOI Funds – Grants/Contribution received from Government of India |
|  | Own Funds – Funds of Concerned GoG Entity |

**FD-GoG Approval File Number (For GoG/GOI Type of Funds): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of the Scheme (For GoG/GOI Type of Funds): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**We request GSFS to create deposits as mentioned below:**

|  |  |  |
| --- | --- | --- |
| **Type of Deposit (Please Tick)** | | **Amount of Deposit** |
|  | Liquid Deposit Scheme (LDS) |  |
|  | Inter Corporate Deposit (ICD) |  |

**Additional Details (only for ICD)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Amount of ICD** | **Period of ICD**  **(Minimum-15 days, Maximum– 3 yrs)**  **(Mention in Either Years, Months, Days or Date)** | | | |
| **Years** | **Months** | **Days** | **Any Specific Maturity Date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Any other instructions, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For,**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Signatories Signature**

**(Please affix rubber stamp of entity)**